Fill	in this information to	identify your ca	ase:										
Deb	otor 1	Michael Alar	n Dotson			_							
	otor 2					_							
Uni	ted States Bankruptc	y Court for the	: MIDDLE DISTRICT O	F PENNSYLVANIA	١	_							
Cas	se number 1:21	-bk-02228					Check	c if this is:					
(If kr	nown)						An amended filing						
							A supplement showing postpetition chapter 13 income as of the following date:						
0	fficial Form [*]	<u> 1061</u>					\overline{M}	M / DD/ Y	YYY				
S	chedule I: Y	our Inco	ome								12/15		
spo atta	use. If you are separ ch a separate sheet	rated and you to this form. (Employment	are married and not filir r spouse is not filing w On the top of any additi	ith you, do not inc	lude inforr	natio	on about	your spo	ouse. If	more space is	needed,		
1.	information.	ment		Debtor 1				Debtor 2 or non-filing spouse					
	If you have more the	ate page with	Employment status	☐ Employed				☐ Employed					
	information about a employers.			■ Not employed		☐ Not employed							
	employers.		Occupation										
	Include part-time, seasonal, or self-employed work.		Employer's name										
	Occupation may incor homemaker, if it		Employer's address										
			How long employed t	here?				_					
Par	t 2: Give Deta	ils About Mor	thly Income										
	mate monthly incomuse unless you are se		ate you file this form. If	you have nothing to	report for	any I	ine, write	\$0 in the	space.	Include your no	n-filing		
	ou or your non-filing spe space, attach a sep		ore than one employer, co	ombine the informat	ion for all e	mplo	oyers for t	hat perso	on the	e lines below. If	you need		
							For Deb	tor 1		Debtor 2 or filing spouse			
2.			ry, and commissions (b calculate what the monthl		2.	\$		0.00	\$	N/A			
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$_	N/A			
4.	Calculate gross In	come. Add lir	ne 2 + line 3.		4.	\$		0.00	\$_	N/A			

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					For Debtor 1			r Debtor n-filing s		
	Сору	line 4 here	4.	-	\$	0.00	\$	ii iiiiig c	N/A	
5.	List a	ıll payroll deductions:								_
	5a.	Tax, Medicare, and Social Security deductions	5a.	. 9	\$	0.00	\$		N/	۸
	5b.	Mandatory contributions for retirement plans	5b.			0.00	\$-		N/	
	5c.	Voluntary contributions for retirement plans	5c.		·	0.00	\$-		N/	
	5d.	Required repayments of retirement fund loans	5d.			0.00	\$-		N/A	
	5e.	Insurance	5e.	1	•	0.00	\$		N/A	
	5f.	Domestic support obligations	5f.		·	0.00	\$		N/A	
	5g.	Union dues	5g.	. 9	. —	0.00	\$		N/	
	5h.	Other deductions. Specify:	5h.				+ \$ -		N/A	
6.	Add t	he payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		0.00	\$		N/A	
7.	Calcu	late total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6	0.00	\$_		N/A	<u>A</u>
8.	List a 8a.	Ill other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$		KI/	۸
	8b.	Interest and dividends	8b.			0.00	\$ \$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce					· –			
	0.1	settlement, and property settlement.	8c.			0.00	\$_		N/A	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.		\$ \$ 3,03	0.00	\$_ \$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	0.00	*_ \$_		N/A	A
	8g.	Pension or retirement income	8g.	. 9	\$	0.00	\$		N/	A
	8h.	Other monthly income. Specify:	8h.	.+ \$	\$	0.00	+ \$_		N/	<u>A</u>
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,03	2.00	\$_		N	/A
10.		late monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	3,032.00	+ \$		N/A	= \$	3,032.00
11.	Includ other	all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. It include any amounts already included in lines 2-10 or amounts that are not fy:	depe					Schedule	e J. +\$ _	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaines						e. 12.	\$	3,032.00
13.	Do yo	ou expect an increase or decrease within the year after you file this form	?						Comb	pined hly income
		Yes. Explain:								

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